

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

OCT 22 2021

JF

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Daniel Mares

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

1:21-cv-5647

Judge Frank U. Valderrama

Magistrate Judge Jeffrey T. Gilbert
PC6/Random

vs.

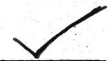
Case No: _____

(To be supplied by the Clerk of this Court)

TOM DART
MEDICAL DIRECTOR (NAME
UNKNOWN) CARMACK HEALTH
SERVICES

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Daniel Mares
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: Cook County Jail
- E. Address: 2700 S. California Chgo IL, 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Tom Dart
 Title: Sheriff
 Place of Employment: Cook County Jail
- B. Defendant: Medical Director (Name Unknown)
 Title: Medical Director Ceramak Health Services
 Place of Employment: Cook County Jail
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON and about 8-24-21 DETAINEE WAS REMOVED FROM DIVISION 16-4B FOR TESTING POSITIVE WITH COV-19. DIVISION 16-4B ARE MY LIVING UNIT. WE WAS PLACED ON QUARANTINE OVER A PERIOD OF 48 HRS. APROX. 15 DETAINEE WAS REMOVED FROM DIVISION 16-4B FOR TESTING POSITIVE FOR COV-19. OVER A PERIOD OF 1yr I HAVEN'T BEEN ABLE TO PRACTICE SOCIAL DISTANT. DETAINEE WASN'T MANDATED TO WEAR MASK-LIVING UNITS HAS ALWAYS BEEN FILTHY-NO FREE ACCESS to hand sanitizer/disinfect-Volunteers come in off the streets WEARING NO MASK. OVER A PERIOD OF 8 days 31 detainees TESTED POSITIVE FOR COV-19 IN DIVISION 16-4B 46 DETAINEE SHARE MICROWAVE AND PHONES WHICH WAS NEVER WIPE DOWN AFTER EACH USE. CCDOC DIDN'T ENFORCE ~~THE~~ DETAINEE TO WEAR MASKS THE NEGLIGENCE ACT OF CCDOC VIOLATING THE CENTRAL DISEASE CENTER REGULATIONS HAS PUT ME AT RISK AND EXPOSED ME TO COV-19. CCDOC ARE OVER CROWDED-CCDOC HAS KNOWINGLY AND INTENTIONALLY FAILED TO FOLLOW CDC POLICY AND REGULATION IN DOING SO CCDOC HAS PLACED ME IN IMMINENT DANGER CCDOC HAS PLACED ME IN A HAZARDOUS ENVIRONMENT BY FAILING TO PROVIDE ME WITH CDC REGULATED ITEMS SUCH AS HANDSANITIZER/DISENTECT

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Get Social Distant to Prevent or Lower the Risk of
Contracting COV-19 All the listed Risk Factors
Contributed to Me Contracting And testing Positive
For COV-19

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I'M SEEKING \$500,000.00 FOR CRUEL AND UNUSUAL PUNISHMENT -
PAIN AND SUFFERING - Failure to Protect -
Mental Stress and Psychological Stress

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 21 day of 9, 2021

Daniel Mares
(Signature of plaintiff or plaintiffs)

DANIEL MARES
(Print name)

20200712018
(I.D. Number)

2700 S. California
Chgo IL, 60608
(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horad del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

9-3-21

4:08 AM

Dw 16-4B

CCDC/CCRMak Health Service

And on about 8-24-21 detainees was removed from Division 16-4B for testing, Positive for COV-19 Division 16-4B are my living unit. We was placed on Quarantine over a period of 48 hrs approx 15 detainees was removed from Division 16-4B because they tested Positive for COV-19 over a period of 1yr I haven't been able to practice social distant - Detainees wasn't mandated to wear mask - Living units have always been filthy - No free access to hand sanitizer/disinfect - Volunteers comes from outside without wearing mask. OVER A PERIOD of 8 days 31 detainees tested Positive for COV-19

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Daniel Mares

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

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☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

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DATE (Fecha):

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El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

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(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

9-3-21

4:08 AM

Div 16-4B

CCDOC / CERMAK Health Services

36 detainees share Microwave And Phones Which Was Never Wiped down After
Each detainee USED IT. CCDOC didn't ENFORCED the detainees to WEAR MASKS the
Negligence Act of Cook County Department of Correction's Violating the Control
Disease Act And Regulatory Has Put Me A Risk And Exposed Me to COV-19
CCDOC ARE Over Crowded - CCDOC Has knowingly And intentionally Failed to Follow
CDC Policy And Regulatory, in Doing so CCDOC Has Placed Me in Imminent Danger
CCDOC Has Placed Me in a Hazardous Environment by Failing to Provide Me with
CDC Regulated items such as Hand Sanitizer/Disinfect

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

Daniel Marcos

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(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

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☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

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PRINT - FIRST NAME (Primer Nombre):

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DATE (Fecha):

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REQUIRED -

DATE OF INCIDENT
(Fecha del Incidente)

9-3-21

REQUIRED -

TIME OF INCIDENT
(Horas del Incidente)

4:08 AM

REQUIRED -

SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

DIV 16-4B

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

CCDOC/Cermak Health Service

671 Social Distant to Prevent or Lower the Risk of Contracting Cov-19 all the listed Risk Factors Contributed to Me Contracting And testing Positive for Cov-19

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma de Preso):

Daniel Mares

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

202112038/616439

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL

FACE MASK are handed out on a daily basis. Cleaning
Supplies and Hand Sanitizer are available on all tiers on Baracks.
Social distancing Signs are posted on all living units. Civilians,
Detainees and Staff are required to wear mask.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☐

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

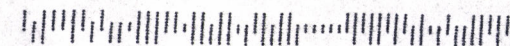


Daniel Mares
#20200712018 Div-16 4B
2700. S California
60608

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

OCT 22 2021 PM

RECEIVED



1:21-cv-5647
Judge Frank U. Valderrama
Magistrate Judge Jeffrey T. Gilbert
PC6/Random

Office of Clerk of The U.S District Court
United States Court House
219 South Dearborn Street
Chicago IL. 60604

INSPECTED BY THE
UNITED STATES
MARSHALS SERVICE



10/22/2021-2